

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028044

STATE FILE NUMBER

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 98

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 13 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
10411						
20411						
3						
4 1						
5 2						
6						
7 0						
8 2						
9443X						
10						
11						
12 90-2						
13 10						
	ITEM NO.	SHOULD READ				

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> c. CITY OR TOWN <u>Bethany</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1605 1/2 Alder</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Cordia</u> Middle <u>Ruth</u> Last <u>Wooden</u>		4. DATE OF DEATH Month <u>8</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-27-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Harrison County</u>	9. AGE (last birthday) <u>60</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> IF UNDER 24 HR Hours <u>7</u> Min. <u>7</u>
11. BIRTHPLACE (City and state or country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Benjamin Franklin McNelly</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Denton</u>	
14. NAME OF HUSBAND OR WIFE <u>Miles.</u>		17. INFORMANT Address <u>Alvin Wooden, Eagleville, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>5 yrs.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus.</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:00</u> a.m. <u>p.m.</u> Month, Day, Year <u>11-21-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bethany, Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Bethany, Mo.</u> COUNTY <u>Harrison</u> STATE <u>Missouri</u>		
21. I attended the deceased from <u>11-21-62</u> to <u>8-4-63</u> and last saw her alive on <u>8-4-63</u> Death occurred at <u>10:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B.H. Murrey</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Bethany, Mo.</u>	
22c. DATE SIGNED <u>8-7-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Bethany, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-8-1963</u>	23c. LOCATION (City, town, or county) <u>Bethany, Mo.</u>	23d. STATE <u>Missouri</u>
24. FUNERAL DIRECTOR <u>M.R. Haas</u> ADDRESS <u>Bethany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-7-1963</u>	
26. REGISTRAR'S SIGNATURE <u>C. J. Mays</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed MBH _____

Licensed Embalmer No. 3899

P. O. Address Bethany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.